



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 141511

BUSINESS INFORMATION

Type of Business: <u>Billiard Room (0441)</u>	Address of Business: <u>1888 B-208 LABIN CT, ROWLAND HTS, CA 91748</u>	
DBA (Business Name): <u>ERA Billiards Club</u>	Business Telephone: <u>(626) 986-4516</u>	
Mailing Address: <u>1888 B-208 Labm CT, RowLAND HTS, CA 91748</u>		
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles
<u>Marro Chr Fung Luk</u>	<u>1888 LABIN CT, ROWLAND HTS.</u>	<u>Manager</u>
<u>Jeffrey Ka Yau Sam</u>	<u>"</u>	<u>Manager</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>Marro Luk</u>		
Home Address: [REDACTED]		
Home Telephone: [REDACTED]	Cell Phone: [REDACTED]	Email address: <u>mlparly77@gmail.com</u>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: <u>[REDACTED]</u>	Weight: <u>[REDACTED]</u>
Hair Color: <u>[REDACTED]</u>		Eye Color: <u>[REDACTED]</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 7/11/14 Applicant's Signature: [Signature]

Application taken by: Tomy Date: 7/11/2014

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **BILLIARD ROOM**

ADDRESS OF BUSINESS: **18888 LABIN COURT B208, ROWLAND HEIGHTS, CA 91748**

TELEPHONE:

OWNER OF BUSINESS: **MARIO CHI FUNG LUK**

CAL. DR. LIC. #: **D6360608**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **ERA BILLIARDS CLUB**

MAILING ADDRESS: **18888 LABIN COURT B208, ROWLAND HEIGHTS, CA 91748**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR **NEW LICENSE**

**BUSINESS LICENSE COMMISSION
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: Post "No Betting Allowed" signs in the facility

SIGNATURE: _____

DATE: 7/9/15

BASIC LICENSE NO. **0441**

DATE **07/14/14**

IDENTIFICATION NUMBER **141511**



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **BILLIARD ROOM**

ADDRESS OF BUSINESS: **18888 LABIN COURT B208, ROWLAND HEIGHTS, CA 91748**

TELEPHONE:

OWNER OF BUSINESS: **MARIO CHI FUNG LUK**

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **ERA BILLIARDS CLUB**

MAILING ADDRESS: **18888 LABIN COURT B208, ROWLAND HEIGHTS, CA 91748**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	08/18/15	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	10/10/14	tchen
<input type="checkbox"/> 5. Public Health			
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	10/23/14	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	07/14/14	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	08/21/15	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	10/23/14	tchen

Conditions:



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **BILLIARD ROOM**

ADDRESS OF BUSINESS: **18888 LABIN COURT B208, ROWLAND HEIGHTS, CA 91748**

TELEPHONE:

OWNER OF BUSINESS: **MARIO CHI FUNG LUK**

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **ERA BILLIARDS CLUB**

MAILING ADDRESS: **18888 LABIN COURT B208, ROWLAND HEIGHTS, CA 91748**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**BUILDING & SAFETY
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 5-18-15

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: BILLIARD ROOM

ADDRESS OF BUSINESS: 18888 LABIN COURT B208, ROWLAND HEIGHTS, CA 91748

TELEPHONE: 626-986-4516

OWNER OF BUSINESS: MARIO CHI FUNG LUK

CAL. DR. LIC. # [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ERA BILLIARDS CLUB

MAILING ADDRESS: 18888 LABIN COURT B208, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR NEW LICENSE

FS-145
13A

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

BASIC LICENSE NO. 0441

DATE 07/14/14

IDENTIFICATION NUMBER 141511

E.S.

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
BUSINESS LICENSE SECTION
REVENUE & ENFORCEMENT DIVISION

TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR, ROOM 1360
LOS ANGELES, CALIFORNIA 90012

FROM: BUSINESS LICENSE SECTION
225 NORTH HILL STREET ROOM 109
LOS ANGELES, CALIFORNIA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: \$361.00

TELEPHONE: (213) 974-2011
FAX: (213) 633-5427

DATE: 12/31/2013

ID#: _____

TYPE OF BUSINESS AND CODE: Billiard Room

BUSINESS ADDRESS: 18888 Labin Court

CITY: Rowland Heights APN#: _____

NAME OF OWNER: Jeffrey Soon PHONE#: 8761-011-020

D.B.A./NAME OF BUSINESS: ERA BILLIARDS CLUB CELL PHONE#: 626-675-7707

MAILING ADDRESS: 18888 Labin Ct B203, Rowland Hts, CA 91748

E-mail ADDRESS: erabillards@gmail.com

To be completed by Regional Planning

RBUS 201300628

EXISTING USE: New ☒ Renewal ()

PROJECT # R2013-03664

CELL PHONE #: _____

DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13TH FLOOR
HALL OF RECORDS
LOS ANGELES, CALIFORNIA 90012

USE PERMITTED IN ZONE C-3-BE USE NOT PERMITTED IN ZONE: _____

APPROVED ☒ DENIED: _____

REMARKS: Approved per RCU201200087 for a billiard hall.
Operating hours shall be between the hours of 2 p.m.
to 2 a.m. seven days a week.

SIGNATURE: [Signature] DATE: 1/6/2014

THIS IS ONLY A BUSINESS LICENSE REFERRAL AND AN APPROVAL DOES NOT CONSTITUTE A BUSINESS LICENSE. YOU MUST RETURN REFERRAL TO THE TREASURER AND TAX COLLECTOR TO CONTINUE THE BUSINESS LICENSE APPLICATION PROCESS. (IF ANY QUESTIONS, PLEASE CALL 213/974-2011)

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: BILLIARD ROOM

ADDRESS OF BUSINESS: 18888 LABIN COURT B208, ROWLAND HEIGHTS, CA 91748

TELEPHONE: 914 00940-3410-446

914-01168-3410-446

OWNER OF BUSINESS: MARIO CHI FUNG LUK AND KA YIU SOON

CAL. DR. LIC. #

(COL #

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ERA BILLIARDS CLUB

MAILING ADDRESS: 18888 LABIN COURT B208, ROWLAND HEIGHTS, CA 91748

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

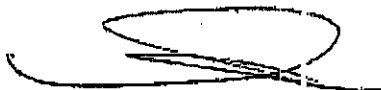
☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved

SIGNATURE:



DATE:

10/23/14

BASIC LICENSE NO. 0441

DATE 07/14/14

IDENTIFICATION NUMBER 141511